

that the coloured vision was a consequence of local disease in the eye. The brain erred, not primarily, but in *receiving* false intelligence from the retina.

As to the subject of reflex amaurosis, by itself I hope to be able to bring forward better evidence in a future paper; and by the kindness of Dr. Brown-Séquard and Mr. Poland, I shall be able to collect this evidence from several points of view, and thus to be able to separate more clearly this form of amaurosis from another group depending on intracranial disease affecting the course and origin of the optic nerves. I also hope, which is also of great importance, to explain those transient and slighter affections of the sight so common in cases of vertigo, the various kinds of headache, epilepsy, and simple debility. And conversely to throw some light on these diseases themselves by studying the circulation of the retina and iris—the very furthest outpost of the cerebral circulation—and thus to render more complete the natural history of those diseases.

The following extract from a letter from my friend Dr. Haydon, of Bovey Tracey, is of great interest in relation to the subject of coloured vision: I give it in his own words:—

“I was called yesterday to see an old lady with a somewhat strange condition of her visual apparatus; about a fortnight since ‘she suddenly discovered that her right eye was all but dark, and that she could only see things with her left eye, and that all she did see appeared of a blood-red colour.’ I give her own words. There is no cataract, or other appreciable defect in her right eye, nor can any external examination detect disease in the left; she has had no seizure or appreciable disease of the brain, but she is very stout, near seventy years old, heavy and sleepy; some two years since had some functional derangement of liver, followed by general dropsy. Free purging and a little calomel removed this; and there has been no return of it. Living careless, diet poor, no stimulants; the pupils dilate and contract readily and freely. I once before had a case very similar to this as regards the seeing everything of a red colour, but that person (also an old woman) had become so diseased in sight after an attack of apoplexy.”

Dr. Haydon subsequently informed me that this patient recovered her sight. There was no ophthalmoscopic examination, and it is therefore possible that there may have been some other more organic disease than mere impairment of the nutrition of the retina. If, however, it was, which is my opinion, a case of reflex amaurosis, I have now given a case of red, yellow, and blue vision, or, as I have said before, a case in which (white light entering the eye), the retina did not perceive the yellow and the blue rays, another in which it did not perceive the red and the blue, and a third in which it did not perceive the red and the yellow. I might have given others in which, as I think, the change has gone a step further, and in which the patient, to use for convenience a contradictory expression, saw blackness, or rather did not see at all. In the congenital colour blindness there is an inability to see the colour of an object, and generally the red, the most refrangible, is the one which is not seen. As I say, in the above cases, the colours were various, but I can conceive that it is possible, that in the progress to blindness, there is, although unobserved by the patient, one order of progress, but in what order, and whether beginning from one end of the spectrum or not, I do not pretend to know.—*The Royal London Hospital Ophthalmic Reports*, Oct. 1861.

MIDWIFERY.

62. *Early Maternity*.—Dr. J. G. WILSON, of Glasgow, records (*Edinb. Med. Journ.*, Oct. 1861) an instance of this. A girl at the age of thirteen years and six months gave birth to a full-grown female child. Conception must have taken place when the girl was twelve years and nine months old.

Mr. Robertson records (Midwifery) a case where a factory girl became preg-

nant in the eleventh year of her age. Other cases of early maternity are recorded, but they are not common.

63. *Sneezing during Pregnancy.*—Dr. PETER YOUNG mentioned to the Edinburgh Obstetrical Society a case which occurred, two years ago, in the practice of Dr. Eadie, of Glasgow, where the patient had been the subject of constant sneezing during pregnancy. The application of a mustard poultice to the back had had the effect of allaying this distressing symptom, but not until the uterus had become so affected (probably) by the straining efforts, that a miscarriage was induced. He (Dr. P. Young) had seen Dr. Eadie a few days ago, and had been informed by that gentleman that the same patient was again pregnant, and had again become affected by the same constant sneezing after she had arrived at between the third and fourth month. Dr. Eadie thought the sneezing was caused by the changes produced in the uterus during pregnancy; but he (Dr. Young) believed that it was more probably due to the irritation from the foetal movements, from the circumstance that the sneezing had begun about the period when the foetal movements are usually perceived for the first time.—*Edinburgh Medical Journal*, Nov. 1861.

64. *Induction of Premature Labour; New Indication for it; Modes of Production.*—Prof. SIMPSON, at a recent meeting of the Obstetrical Society of Edinburgh, said that he had brought on labour prematurely, about four years ago, in a case where he believed that he had met with a new indication for the performance of the operation. Mrs. L., the patient who was the subject of the operation, had fallen in labour of her first child in 1851. Her labour had lasted two days, and was terminated by the head of the child, which was in a hydrocephalic condition, being perforated by Dr. Jamieson, of Peterhead. Her second labour, in 1853, was also terminated by means of the same operation, by Dr. Johnston, of Stirling, because of the same morbid condition of the foetal head. In 1856 he (Dr. S.) first saw the patient, in consultation with Dr. Johnson, at a time when she had arrived at the eighth month of her third pregnancy. There was every probability that in this instance again the child would become hydrocephalic, and be destroyed at birth; and the probability was increased by the circumstance that the only sister of the lady in question had given birth to but one child, which had likewise been hydrocephalic, and had been delivered by means of craniotomy. The likelihood of the recurrence of the disease in the third foetus was still further impressed on his (Dr. Simpson's) mind, by a letter which he received about that time from Dr. Embleton, of Embleton, in which that gentleman related how he had just delivered a woman of a child that presented by the breech, and was very difficult of extraction, because of the head being distended to twice the natural size from hydrocephalus. And Dr. Embleton had stated, further, that the first and third children of the same patient had been born hydrocephalic, and had been delivered by means of the forceps. Regarding it, therefore, as in the highest degree probable, in the case of Mrs. L., that if her third pregnancy were allowed to run its full course, her third child would become the subject of intra-uterine hydrocephalus like its predecessors, he (Dr. S.) had two reasons to lead him to induce premature labour at once; viz., 1st, it was a matter of great importance for the lady to have a *living* child, and there was little prospect of her hopes being fulfilled if her progeny were all born hydrocephalic; and, 2dly, it was fairly to be expected, that if the child could be brought into the world at once, and the conditions of its existence changed, it would have a better chance of escaping the dangers of the disease which had proved fatal to the first two children. The result justified his (Dr. S.'s) expectations. Labour was induced, and a living child was born, which he had seen a few weeks ago in the enjoyment of the most perfect health. The method by which labour was induced in that instance, was one which he (Dr. S.) hoped would never again be employed. At that time, the means most commonly adopted for the purpose was the injection of tepid water into the maternal passages; and the manner in which this process acted in bringing on labour was then a frequent subject of discussion. He had become convinced that its *modus operandi* depended on the separation, which it effected, of the membranes from